

# STATE OF DELAWARE Division of Motor Vehicles PERSONAL INFORMATION RELEASE FORM

Driver's License Number	
Vehicle Registration Number	

Date:Name of Request	er (Print)	(Signature of Requester)
Company/Organization:	Address:	(Oignature of Requester)
REQUESTER SIGNATURE MUST IF NOT APPEARING IN PERSON	_	
		(Notary Public)
Requester's Address:		
Driver's License Number:	State	e:
Identification Card Number:	Star	re:
DMV Account Number:	(If a	ssigned by DMV)
INQUIRY ON:		
Name: Last	First	 Middle
Lasi	FIISL	ivildale
Date of Birth:		
License Number:	Tag	Number:
VOLUME OF STREET HAVE THE CONOCENT		NUD IFOT OF VOLUE INCLUDY OR VOLU
YOU MUST EITHER HAVE THE CONSENT OF MUST CHECK THE APPLICABLE BOX AND		
TO BE RELEASED BY STATUTE. FAILURE		LT IN THE DENIAL OF YOUR REQUEST.
RELEASE BY CONSENT OF INDI	_	
l,	, authorize	(Print Name)
(Print Name)		(Print Name)
to have access to personal informa	tion in my DMV records.	
		(Signature)
Notary Public:		
IT IS UNLAWFUL FOR ANY PERSON TO KI RECORDS EXCEPT AS AUTHORIZED BY S		
PENALTY OF \$2,500.00. PERSONAL INFO		
NUMBER, DRIVER IDENTIFICATION NUMBI		
DISABILITY INFORMATION.	DMV HOE CAN V	O NOT WOITE IN THIS SHOOK
DO NOT WRITE IN THIS BLOCK Information Provided:	DMV USE ONLY DO	O NOT WRITE IN THIS BLOCK
□ Driving Record		
□ Vehicle Record	DAN/ Danas and dis	
□ Other	DMV Representative:	

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YOU MUST EITHER HAVE THE CONSENT OF THE INDIVIDUAL WHO IS THE SUBJECT OF YOUR INQUIRY – OR – YOU MUST CHECK THE APPLICABLE BOX AND PROVIDE ADDITIONAL INFORMATION AS REQUIRED FOR INFORMATION TO BE RELEASED BY STATUTE. FAILURE TO PROVIDE EITHER WILL RESULT IN THE DENIAL OF YOUR REQUEST.

## Release Authorized by Statute - Check Blocks Which Apply

For use by a government agency, including any court of law, enforcement agency, or any private person or entity acting on behalf of a government, in carrying out its functions (Section 305(b)(1)).

Name of Business:	
Address:	
Telephone Number: ()	
For use by a business to verify the accuracy of perbusiness for employment or related purposes.	rsonal information submitted by the individual to the
Name of Business:	
Address:	
Telephone Number: ()	
For use in connection with any civil, criminal, adm court order.	ninistrative or arbitration proceeding or pursuant to any
Case Caption: vs.	
Case Caption: vs vs	<del></del>
Purpose:	
For use by any insurer or insurance support organ connection with claims investigation activities, ant	nization, or its agents, employees or contractors in i-fraud activities, rating or underwriting.
Name of Organization:	
Address:	
Telephone Number: ()	
For use in providing notice to the owners or lien ho	olders of towed or impounded vehicles.
Name of Organization:	
Address: Telephone Number: ()	
relephone Number. ()	
For use by a licensed private investigative agency	or licensed security service.
Name of Organization: Address:	
Telephone Number: ()	
PI License Number:	State:
For use by an employer or insurer to obtain information.	ation relating to a holder of a Commercial Driver's
Name of Organization:Address:	
Telephone Number: ()	
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### **Driving Record Information:**

The personal information contained in motor vehicle records is highly sensitive and protected by federal and state statute. Large fines may be assessed against the Division of Motor Vehicles or any person who improperly releases personal information. Personal information is defined as any information that identifies an individual, including an individual's photograph, social security number, driver license number, name, address, telephone number and medical or disability information. The information pertaining to your driving history, such as convictions and license status, is public information. The statute allows the release of personal information when approved by the individual to whom the record pertains or by exception under specific circumstances. These exceptions are listed on the back of the Personal Information Release Form.

### The Division does not release your personal information for marketing purposes.

The Division does not release a person's driver license digitized photograph and signature, social security number, or medical and disability information without the express written consent of the person to whom it pertains unless this information is releasable by statute.

If you want a copy of your driving record or vehicle records by mail, you must:

- 1. Complete the <u>Personal Information Release Form</u>
- 2. Have the form notarized with a seal or stamp (or submit in person at one of our offices)
- 3. Pay \$15.00 fee for a 3 year record
- 4. We recommend you include a stamped, self-addressed envelope to reduce processing time
- 5. Mail the check and form to:

### **For Driving Records**

#### For Vehicle Records

Division of Motor Vehicles	Division of Motor Vehicles
ATTN: Driver License Administration	ATTN: Correspondence Section
P.O. Box 698	P.O. Box 698
Dover, Delaware 19903	Dover, Delaware 19903

Please fill out the entire form and have it notarized if you want the information returned by mail.

Call (302) 744-2506 if you have any questions about driving records or (302) 744-2538 for information concerning vehicle records.